STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on interview and record review, the facility failed to ensure accurate picture of the resident ' s status on the Minimum Data Set (MDS- a resident assessment tool) related to fall on one of three sampled residents (Resident 4) to reflect Resident 1 ' s fall on 1/4/2024. This failure had the potential to negatively affect Resident 4 ' s plan of care and delivery of necessary care and services. Findings: During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including fracture of unspecified neck of right femur, right humeral fracture, history of falling, muscle weakness and bilateral primary osteoarthritis of the hip (a condition that occurs when the cartilage that lines your joints is worn down). During a review of Resident 4 ' s Minimum Data Set (MDS-resident assessment tool) dated 2/23/2024, the MDS Section J (section dedicated to assessing resident ' s health condition with primary focus on pain assessment) dated 2/23/2024, the MDS indicated no fall. During a review of Resident 4 ' s MDS Section J dated 5/23/2024, the MDS indicated no falls since admission, reentry or prior assessment. During a review of Resident 4 ' s Minimum Data Set (MDS-resident assessment tool) dated 11/20/2024, the MDS indicated Resident 4 had moderately impaired cognitive skills (ability to think, understand, learn, and remember) and requires substantial/ maximal assistance (helper does more than half the effort) with toileting hygiene and showering or bathing. The MDS indicated the resident required partial or moderate assistance (helper does less than half the effort) with upper and lower body dressing, personal hygiene, bed mobility, toilet transfer and transfer to and from a bed to a chair. Resident 4 ' s MDS indicated Section J indicated no falls occurred. During a review of Resident 4 ' s Nursing Progress Note dated 1/4/2024 timed at 4:30 p.m., the Nursing Progress Note indicated a change in condition (COC -a sudden clinically important deviation from a patient ' s baseline in physical, cognitive, behavioral, or functional condition) where Resident 4 was found lying on the floor. The Nursing Progress Notes indicated Resident 4 tried to transfer herself back to her wheelchair without calling for help. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 4 ' s COC dated 1/27/2025 timed at 12:05 a.m., the COC indicated the resident had a fall and was complaining of right sided body pain. During a review of Resident 4 ' s Care Plan titled Resident is high risk for injury / accidents and repeat falls related to poor safety awareness, not using call light for assistance, functioning beyond capabilities and gets out of bed without calling for assistance, initiated on 12/24/2016 and revised on 1/27/2025, the Care Plan ' s goals indicated Resident 4 will have no injury /accidents or fall or minimize the risk through the review date. The Care Plan indicated interventions that included to continue frequent visual checks, implement fall precautions, bilateral landing pads , wheelchair alarm, bed alarm and to assess and educate resident about using call light for assistance. During a concurrent interview and record review on 2/5/2025, at 12:25 p.m. with Minimum Data Set Coordinator (MDSC 1) , MDSC 1 stated MDS section J dated 2/23/2024 and 5/23/2024 indicated Resident 4 had no episodes of fall. MDSC 1 stated the resident had a fall in the facility on 1/4/2024. MDSC 1 MDS assessment was not correct on the MDS section J for 2/23/2024 and 5/23/2024. MDSC 1 stated inaccurate assessment in MDS will affect the facility ' s quality metrics (quantifiable measurements that assess the quality of a process or service). During an interview on 2/5/2025, at 12:25 p.m. with the Director of Nursing (DON), the DON stated inaccurate MDS assessment will affect resident care and services due to inaccurate health information. During a review of facility ' s policy and procedure (P&P) titled Comprehensive Assessments revised 10/2023, the P&P indicated comprehensive MDS assessments are conducted to assist in developing a person-centered care plan. The P&P indicated the facility will conduct a comprehensive, accurate, standardized, and reproducible assessments of each resident ' s functional capacity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on interview and record review, the facility failed to ensure the resident, who was a high risk for falls and injuries, did not fall and sustain injury for one of three sampled residents (Resident 4). The facility failed to: 1. Ensure staff implemented the fall risk prevention program for Resident 4, which included landing pads (a rectangular floor pads with inner surface made of foam or other cushiony materials used to provide a softer place for the resident to land when falling especially if the residents are falling from the bed), bed in low position, bed and chair alarm (devices that are attached to a resident's bed/wheelchair and sound an alarm when the resident gets up). 2. Ensure Resident 4 had landing pads, and bed alarm in place, and had the bed in the lowest position to prevent from falls per care plan titled, Resident is High Risk For Injury/Accidents And Repeat Falls. 3. Ensure Certified Nursing Assistant (CNA) 4 and CNA 5 were informed of Resident 4's high risk for falls to ensure implementation of interventions to prevent the resident from falling. 4. Ensure staff followed the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, revised 7/2017, which indicated The care team will target interventions that will reduce individual risks related to hazards in the environment including adequate supervision and assistive devices (equipment that can help you perform tasks and activities). These failures resulted in Resident 4 falling from the bed on 1/26/2025 and sustaining a right femoral neck fracture (a break in the upper part of the thigh bone, just below the hip joint), right humerus fracture (a break in the upper arm bone on the right side of the body). Resident 4 was transferred to a General Acute Care Hospital (GACH) on 1/27/2025 and underwent a right hip cephalomedullary nail (nail inserted to the bone to help restore its shape and alignment) surgery. Findings: During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including fracture (broken bone) of unspecified right femoral neck, right humerus fracture, history of falling, muscle weakness and bilateral (both) primary osteoarthritis (a condition that occurs when the cartilage [flexible tissue] that lines your joints is worn down) of both hips. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 4's Minimum Data Set (MDS-resident assessment tool) dated 11/20/2024, the MDS indicated Resident 4 had moderately impaired cognitive skills (ability to think, understand, learn, and remember) for daily decision making and required a substantial/ maximal assistance (helper does more than half the effort) with toileting hygiene, showering or bathing. The MDS indicated Resident 4 required partial or moderate assistance (helper does less than half the effort) with upper and lower body dressing, personal hygiene, bed mobility, toilet transfer and transfer to and from a bed to a chair. The MDS did not indicate any resident's history of falls since admission on 4/14/2016 or prior MDS assessment (2/23/2024,5/23/2024 and 11/20/2024). During a review of Resident 4's Nurses Progress Notes dated 1/4/2024, and timed at 4:30 p.m., the Nurses Progress Notes indicated a change in condition (COC - a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional condition) due to Resident 4 was found lying on the floor on 1/4/2024. The Nurses Progress Notes indicated Resident 4 tried to transfer herself back to her wheelchair without calling for help. During a review of Resident 4's Fall Risk Evaluation dated 11/20/2024, the Fall Risk Evaluation indicated Resident 4 score was 14 (indicates a person's level of risk for falling, with higher scores signifying a greater risk; a score of 10 and above represents high risk for fall). During a review of Resident 4's COC dated 1/27/2025 and timed at 12:05 a.m., the COC indicated Resident 4 had a fall on 1/26/2025 at 11:15 p.m. and was complaining of body pain on a right side (shoulder and knee) with a pain scale of 7 out of 10 (pain screening tool using numerical value to assess the level of pain; 7 to 9-severe pain). The COC indicated Resident 4's physician was notified and placed an order to transfer Resident 4 to GACH via 911 (a phone number used to contact for emergency services) was received and carried out. During a review of Resident 4's Care Plan titled, Resident is High Risk For Injury /Accidents And Repeat Falls related to poor safety awareness, unsteady gait/balance, functioning beyond capabilities dated 11/24/2023, the Care plan indicated the goal for Resident 4 was not to have injury/accident or falls and to minimize the risk for falls through the review date on 12/8/2023. The Care Plan interventions included frequent visual checks (regularly assessing residents), monitoring and to implement fall precautions (not specified). During a review of Resident 4's Care Plan titled, Resident is High Risk For Injury/Accidents And Repeat Falls revised on 1/27/2025, the Care Plan indicated Resident 4 had poor safety awareness, was not using a call light for assistance, was functioning beyond capabilities, and getting out of bed without calling for assistance. The Care Plan indicated the goal for Resident 4 was not to have injuries /accidents or falls and to minimize the risk of falls through the review date. The Care Plan interventions included to continue frequent (not specified) visual checks, implement fall precautions, bilateral (both) landing pads, wheelchair alarm, bed alarm and to assess and educate the resident about using a call light for assistance. During a review of Resident 4's right femur (thigh bone) X-ray (a photographic image of the internal composition of something, especially a part of the body) dated 1/27/2025, the X-ray indicated a right femoral neck fracture. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 4's right humerus (long bone in the upper arm extending from the shoulder to the elbow) X-ray dated 1/27/2025, the X-ray of the right humerus indicated a proximal (near the center of the body) humerus fracture (broken bone in the upper part of the right arm). During a review of Resident 4's GACH Records titled Operative Report, dated 1/27/2025, the Operative Report indicated Resident 4 had right hip cephalomedullary nail surgery. During a review of Resident 4's Physical Therapy (PT- licensed professional aimed in the restoration, maintenance, and promotion of optimal physical function)) Evaluation and Plan of Treatment dated 1/30/2025, PT Evaluation indicated Resident 4 showed significant declined in her functional mobility with decreased muscle strength on bilateral lower extremities, decreased balance and inability to ambulate (walk) at this time. During an interview on 2/4/2025, at 9:42 a.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated there were no landing pads or bed alarm on Resident 4's bed, and her bed was not in a low position before the resident's fall on 1/26/2025 at around 11:15 p.m. CNA 1 stated for residents, who are at high risk for fall, The facility keeps the bed low, places a pad alarm on the bed and wheelchair and have staff to do frequent visual checks (not specified). During an interview on 2/4/2025, at 10:45 a.m. Licensed Vocational Nurse (LVN) 5 stated Resident 4 slid off the bed while trying to remove her pants and fell off the bed on 1/26/2025 at 11:15 p.m. LVN 5 stated Resident 4 required assistance with transferring between surfaces, walking, dressing and toileting. LVN 5 stated Resident 4 did not have a landing pad, the resident's bed was not in a low position, and there was no bed alarm present on a bed prior to Resident 4's fall on 1/26/2025. During a telephone interview on 2/4/2025, at 1:38 p.m. CNA 4 stated on 1/26/2025, at around 11:15 p.m. Resident 4 was on the floor near Resident 4's wheelchair and was asking for help. CNA 4 stated Resident 4's bed was not in the low position and there was no bed alarm present on Resident 4's bed. CNA 4 stated no one informed her during the huddle (short meeting where healthcare professionals share information about residents and discuss patient safety and care plans) that Resident 4 was a high risk for fall. CNA 4 stated residents, who had unstable gait (manner of walking) or were getting out of bed without using the call light for assistance, were a high risk for falls. CNA 4 stated it was important to identify residents who were at risk for falls so staff were performing frequent visual checks on the residents (in general) to prevent occurrence of falls and to provide needed help in a timely manner. During a telephone interview on 2/4/2025, at 2:31 p.m. CNA 5 stated on 1/26/2025 at 9:00 p.m. she made her last round and Resident 4 was sleeping in bed. CNA 5 stated she did not know Resident 4 was a high risk for fall. During an interview on 2/4/2025, at 3:41 p.m. Licensed Vocational Nurse (LVN 1) stated Resident 4 was in bed sleeping on 1/26/2025, at 11:05 p.m. LVN 1 stated Resident 4 was found on the floor lying on her right side and was complaining of right shoulder pain on 1/26/2025 at 11:15 p.m. LVN 1 stated Resident 4 wanted to remove her pants and thought she could do it by herself when the fall happened. LVN 1 stated Resident 4 liked to do things on her own. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a concurrent interview and record review on 2/4/2025, at 12:17 p.m. with RN Supervisor (RNS 1), Resident 4's Fall Risk assessment dated [DATE], was reviewed. RNS 1 stated a resident (in general) fall risk assessment was being done upon admission, after 72 hours of admission, quarterly, and as needed if there was incident of fall. RNS 1 stated the last Resident 4's Fall Risk Assessment was completed on 11/20/2024 with a score of 14. RN 1 stated a score of 14 meant Resident 4 was a high risk for falls (a person has a significantly increased likelihood of experiencing a fall due to factors like poor balance, muscle weakness, certain medications, or environmental hazards). RNS 1 stated landing pads, bed and wheelchair alarms were ordered on 1/29/2025 after Resident 4's fall on 1/26/2025. RNS 1 stated when a resident (in general) identified as high risk for fall staff should initiate interventions including application of landing pads on the floor, bed, and wheelchair alarms, place the bed in a low position, declutter a resident's environment and place a call light within reach. RNS 1 stated not properly identifying a resident who was a high risk for fall could lead to injury and occurrence of falls. During a concurrent interview and record review on 2/4/2025, at 11:14 a.m. with PT 1, reviewed PT Treatment Encounter (week of 1/20 to 1/24/2025). PT 1 stated Resident 4 could get out of bed and transfer from bed to chair with stand by assistance (when someone is nearby to help prevent injury or provide physical assistance if needed) and close supervision prior to Resident 4 fall on 1/26/2025. PT 1 stated Resident 4 required contact guard assist (physical contact from the helper to prevent fall) for lower body dressing. PT 1 stated Resident 4 could do lower body dressing, but staff had to be there for safety. During a concurrent interview and record review on 2/4/2025, at 12:52 p.m. with Minimum Data Set Coordinator (MDSC1), Resident 4's Fall Risk assessment dated [DATE] and Interdisciplinary Team (IDT-team members from different departments working together with a common purpose to set goals and make decisions that ensure residents receive the best care) Notes dated 11/20/2024 were reviewed. MDSC 1 stated a resident (in general) Fall Risk Assessment should be done upon admission and during quarterly assessment. MDSC 1 stated Resident 4's Fall Risk assessment dated [DATE] score was 14 which indicated Resident 4 was a high risk for falls. MDSC 1 stated the IDT meeting conducted on 11/20/2024 did not address Resident 4's high risk for falls. MDSC 1 stated if a resident scored 14, the facility would develop a plan of care for high risk for fall and would conduct an IDT review to address falls prevention. MDSC 1 stated Resident 4's high risk for fall should have been communicated with the other team members of the IDT and staff members to ensure implementation of interventions including frequent visual checks, placement of landing pads, bed in a low position, and alarm pads on bed and wheelchair. During a telephone interview on 2/4/2025, at 2:38 p.m. RNS 2 stated she saw Resident 4's in her room at 10:55 p.m. on 1/26/2025. RNS 2 stated Resident 4 was sleeping in her bed at that time. RNS 2 stated on 1/26/2024, at 11:15 p.m., Resident 4 was found on the floor crying, grimacing (distort one's face in an expression usually of pain) and guarding (involuntary reaction to protect an area of pain) her right shoulder. RNS 2 stated Resident 4 was complaining of a lot of pain in her right shoulder. RNS 2 stated when she interviewed Resident 4, Resident 4 stated she was trying to remove her pants off when she had a fall. RNS 2 stated Resident 4 was transferred out to GACH on 1/27/2025 and returned to the facility on [DATE]. RNS 2 stated it was important to identify residents who were a high risk for fall to implement fall risk prevention program to have landings pads, bed in low position, bed, and wheelchair alarm in order to prevent falls and injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 2/4/2025, at 8:10 a.m. and subsequent interview on 2/5/2025, at 11:39 a.m. the Director of Nursing (DON) stated Resident 4 liked to be independent and would not call the staff for help. The DON stated Resident 4 informed the DON that she tried to remove her pants by herself when she fell . The DON stated MDS Coordinator should have communicated Resident 4's fall risk assessment score of 14 (score of 10 and above represents high risk for fall) to the staff and to MDSC 1 to ensure fall risk prevention program were implemented. The DON stated Resident 4 had a history of fall on 1/4/2024 and the resident required Resident 4's bed in a low position. The DON stated although Resident 4's assessment indicated the resident was a high risk for falls, the facility staff was not able to identify Resident 4 as high risk for fall and did not implement fall risk prevention program to prevent fall and injury. During a review of facility's P &P titled Safety and Supervision of Residents revised 7/2017, the P&P indicated the interdisciplinary care team will analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents. The P&P indicated the care team will target interventions that will reduce individual risks related to hazards in the environment including adequate supervision and assistive devices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on observation, interview and record review, the facility failed to observe infection control measures on one of three sampled residents (Resident 1) by failing to ensure a visitor was wearing personal protective equipment (PPE- clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) prior to entering Resident 1 ' s room who was on droplet precautions(a set of infection control measures used to prevent the spread of respiratory illnesses through droplets that are generated by a resident who is coughing, sneezing or talking). This failure had a potential to place residents and staff members at risk for the spread of infectious diseases. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included hemiplegia and hemiparesis following a cerebral infection affecting the right dominant side (weakness or paralysis on the right side of the body following a stroke), failure to thrive(noticeable decline in physical health including decreased appetite, unexplained weight loss , inactivity and depression) and muscle weakness. During a review of Resident 1 ' s Minimum Data Set (MDS- resident assessment tool) dated 10/31/2024, the MDS indicated the resident had moderately impaired condition (problems with a person ' s ability to think, learn, remember, use judgement, and make decisions). The MDS indicated the resident required substantial/ maximal assistance (helper does more than half the effort) with bed mobility, personal hygiene and was dependent on the staff with bathing, toileting hygiene and dressing. During a review of Resident 1 ' s Care Plan about Influenza (flu- contagious respiratory illness that affects the nose, throat and lungs) dated 1/24/2025, the care plan indicated the resident was exposed to a person with influenza. During a review of Resident 1 ' s Order Summary Report dated 2/3/2025, the Order Summary Report indicated a physician order of Tamiflu (medicine used to treat and prevent flu) 75 milligrams(mgs.- unit of measurement) one capsule one time a day for prophylaxis(an attempt to prevent disease) due to Influenza exposure for 10 days. During an observation in Resident 1 ' s room on 2/3/2025, at 8:45 a.m. , a visitor was talking to Resident 1 without a surgical mask, gown and gloves and holding a clear plastic bag with belongings. Observed a droplet precaution signage posted and an isolation cart(stores PPE used to care residents with contagious diseases) next to the door of Resident 1 ' s room. During an interview on 2/3/2025, at 11:56 a.m. with Licensed Vocational Nurse (LVN 3), LVN 3 stated Resident 1 was on droplet precautions and visitors should wear a gown, mask and gloves. LVN 3 stated Resident had two roommates that tested positive for flu. LVN 3 stated the licensed nurses should inform and educate the visitor to wear PPE before entering Resident 1 ' s room to prevent spread of infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056433	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Healthcare Center	22035 S. Vermont Avenue Torrance, CA 90502

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/3/2025, at 1:33 p.m. with LVN 4, LVN 4 stated he did not notice any visitor entering Resident 1 ' s room and it was the responsibility of licensed nurses to remind the visitors to observe droplet precautions by wearing the proper PPE such as mask, gown and gloves. LVN 4 stated not following droplet precautions could infect the visitor , other residents and staff members. During an interview on 2/3/2025, at 10:15 a.m. with Infection Preventionist Nurse (IPN), IPN stated Resident 1 ' s two roommates were positive for Influenza and was exposed to flu. IPN stated visitors who will visit the room of Resident 1 should observe the same droplet precautions as wearing a gown, mask, and gloves. IPN stated the licensed nurses should inform the visitor about observing droplet precautions before entering the room to prevent spread of flu and to ensure protection of other residents, visitors and staff from contracting the flu virus. During a review of facility ' s policy and procedure (P&P) titled Initiating Transmission-Based Precautions revised 8/2019, the P&P indicated when transmission-based precautions are implemented the infection preventionist or designee will provide or oversee the education of the resident, representative and visitors regarding the precautions and use of PPE. During a review of facility ' s P&P titled Droplet Precautions Policy reviewed on 1/2024, the P&P indicated Influenza infection required droplet precautions. The P&P indicated to don PPE outside the room or upon entry.